CLAIMS AS A (Column 1) CLAIMS REMAINING AFTER AMENDMENT Total Independent 2 FIRST PRESENTATION OF MU CLAIMS REMAINING	MENDED Minus Minus KTIPLE DET	- PART II (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA COlumn 3)		ALL ENT	OR OR	RATE X\$ X:	
CLAIMS AS A (Column 1) CLAIMS REMAINING AFTER AMENDMENT Total Independent 2 FIRST PRESENTATION OF MU CLAIMS REMAINING REMAINING AFTER AMENDMENT Total Total CLAIMS REMAINING AFTER AMENDMENT Total	MENDED Minus Minus LTIPLE DEI	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR 33 5 5 5 TUCKT C (Column 2) HIGHEST NUMBER	PRESENT EXTRA	RAT X\$ X	ALL ENT	ODI- NAL EE OR	OTHER SMALL E RATE X\$	ADDI- TIONAL
CCOlumn 1) CLAIMS REMAINING AFTER AMENOMENT Total Independent 2 FIRST PRESENTATION OF MU CLAIMS REMAINING	Minus Minus RTIPLE DEF	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR 33 5 5 5 TUCKT C (Column 2) HIGHEST NUMBER	PRESENT EXTRA	RAT X\$ X	F AC TIO	OOI- NAL EE OR	RATE X\$ X: TOTAL	ADDI- TIONAL
Total 30 - Independent 2 FIRST PRESENTATION OF MU	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR 33 5	PRESENT EXTRA	RAT X\$ X	F AC TIO	OOI- NAL EE OR	RATE X\$ X: +:	ADDI- TIONAL
REMAINING AFTER AMENOMENT Total 30 Independent 2 FIRST PRESENTATION OF MU CLAIMS REMAINING	Minus	PREVIOUSLY PAID FOR 33 5	EXTRA a a (Column 3)	xs x	TE TIO	NAL EE OR	X\$ X: +:	TIONAL
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3-300(Column 1) CAMS REMAINING	TIPLE DE	(Column 2) HIGHEST NUMBER ,	(Column 3)	•	ITAL /	OR	+;	
J-30 (Column 1) CLAIMS REMAINING AFTER AMENDMENT Total Total Total		(Column 2) HIGHEST NUMBER ,		+ TO	ITAL /	OR	+;	1
- CLAIMS REMAINING	Mana	HIGHEST NUMBER		· TO	TAL /		TOTAL	1.
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il Manager Control	Minus	-33		×\$	1."	OR	X\$.	
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FIRST PRESENTATION OF MU	LTIPLE DEP	ENDENT CLAIM	 1	-				
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		· · · · · ·		ADDIT	TAL	OR	ADDIT FEE	
· (Column 1)		(Column 2)	(Column 3)		•	<u>:</u>	•	
CLAIMS REMAINING AFTER MENDAMENT		HIGHEST NUMBER. PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		IDI- NAL EE	/RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MU	LTIPUE DEP	ENDENT CLAIM	لنال		7		7	•
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(Column 1)	-	(Column 2)	(Column 3)				<u>.</u>	
REMAINING AFTER AMENDMENT Total Independent TOTAL Independent Independent Independent Independen		NUMBER PREVIOUSLY PAID FOR	PRESENT: EXTRA	RAT	E TIO	NAL EE	RATE	ADDI- TIONAL FEE
Total •	Minus	**	-	X\$		OR	×s ·	
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FIRST PRESENTATION OF MU	LTIPLE DEP	SENDENT CLAIM		-				
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